JUL 05 2007

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2007

[X] Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 2250

Complete if Known	
Application Number	10/830,155
Filing Date	4/22/04
First Named Inventor	Lefley, A
Examiner Name	Lesperance, J.E.
Art Unit	2629
Attorney Docket No.	DS04-002

METHOD OF PAYMENT (check all that apply)

[ ] Check [ ] Credit Card [ ] Money Order [ ] None [ ] Other (please identify): _____

[X] Deposit Account Deposit Account Number: A-0033 Deposit Account Name: Saile Ackerman, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[X] Charge fee(s) indicated below

[ ] Charge fee(s) indicated below, **except for the filing fee**

[X] Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

[X] Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee ($)	SEARCH FEES Fee ($)	SEARCH FEES Small Entity Fee ($)	EXAMINATION FEES Fee ($)	EXAMINATION FEES Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 20 or HP =	62	x 25	= 1550

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 3 or HP =	7	x 100	= 700

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee ($)	Fee Paid ($)
_____	_____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 =	_____ / 50 =	_____ (round up to a whole number) x	_____	= _____

4. OTHER FEE(S)

Non-English Specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid ($) _____

SUBMITTED BY			
Signature	[signature]	Registration No. (Attorney/Agent) 37,716	Telephone 845-452-5863
Name (Print/Type)	Stephen B. Ackerman		Date 7/3/07

DS04-002

10/830,155

April 18, 2007

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Fr: Stephen B. Ackerman, Reg. No. 37,761
28 Davis Ave
Poughkeepsie, NY 12603

Subject:

Serial No. 10/830,155   04/22/2004
Alastair Lesley
"Interlaced MLA LCD STN Driver"
Grp. Art Unit: 2629   Jean E. Lesperance

RESPONSE TO PATENT OFFICE ACTION

Dear Sir:

In response to the Office Action dated April 3, 2007, please amend the above-identified application for patent as follows:

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on _July 3_____, 2007.

Stephen B. Ackerman, Reg. No. 37,761

Signature _____

Date _7/3/07_____

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Amendments to the Claims are reflected in the listing of claims which begins on page **3** of this paper.

Remarks/Arguments begin on page **22** of this paper.